



JAN 31 2005

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number <b>10/090,999</b>
		Filing Date <b>March 4, 2002</b>
		First Named Inventor <b>Anssi Toumas Aura</b>
		Group Art Unit <b>2687</b>
		Examiner Name <b>Doan, Phuoc Huu</b>
<input type="checkbox"/> Sent via Express Mail Label No.:		Attorney Docket Number <b>183173.01</b>

<b>ENCLOSURES (check all that apply)</b>		
<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate) <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment / Reply (28 pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Petition for Extension of Time Under 37 CFR 1:136(a) (in duplicate)  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement with Form PTO/SB/08A ( pages)  <input type="checkbox"/> Response to Notice to File Missing Parts <input type="checkbox"/> A copy of the Notice to File Missing Parts Under 37 CFR 1.52 or 1.5		
<input type="checkbox"/> Assignment Papers <i>(for an Application)</i>  <input type="checkbox"/> Drawing(s) (# sheets)  <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Newly Executed (# pages) <input type="checkbox"/> A copy from a prior application (37 CFR 1.63(d)) (# pages)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s)		
<b>CERTIFICATE OF MAILING OR TRANSMISSION</b> <small>(Under 37 CFR § 1.8(a))</small> <input checked="" type="checkbox"/> I hereby certify that this correspondence is being: <input checked="" type="checkbox"/> deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450; or <input type="checkbox"/> transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at (703)  <u>01-28-2005</u> <i>S. Ok</i> <i>Spelman</i> <i>Rimman N. Ok</i>		
Remarks <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required, or credit any overpayments, to Deposit Account No. 50-0463 for the above identified patent application.		

<b>SIGNATURE OF ATTORNEY OR AGENT</b>					
Signature			Reg. No.	<b>45,124</b>	
Name of Attorney or Agent	<b>Steven J. Spellman</b>				
Date	<b>1-28-2005</b>	Tel.	<b>(425) 706-0731</b>	Facsimile No.	<b>425-707-9382</b>
Assignee Name:		<b>MICROSOFT CORPORATION</b> <b>ONE MICROSOFT WAY</b> <b>REDMOND, WA 98052</b>			
Customer Number:		<b>22971</b>			



Effective on 12/08/04

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)**0.00**

#### *Complete if Known*

Application Number	<b>10/090,999</b>
Filing Date	<b>March 4, 2002</b>
First Named Inventor	<b>Anssi Toumas Aura</b>
Examiner Name	<b>Doan, Phuoc Huu</b>
Art Unit	<b>2687</b>
Attorney Docket No.	<b>183173.01</b>
Express Mail Label No.	<b>N/A</b>

#### METHOD OF PAYMENT (check all that apply)

Check    Credit Card    Money Order    None    Other (please identify): \_\_\_\_\_  
 Deposit Account   Deposit Account Number: **50-0463**   Deposit Account Name: **MICROSOFT CORPORATION**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below    Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17    Credit any overpayments

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

#### FEE CALCULATION

##### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		
	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fees Paid (\$)</u>
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

##### 2. EXCESS CLAIM FEES

###### Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent   **50**   **25**  
 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent   **200**   **100**  
 Multiple dependent claims   **360**   **180**

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
<b>8</b>	- 49 or HP = <b>0</b>	<b>0</b>	<b>0</b>	<b>HP = highest number of total claims paid for, if greater than 20</b>	<b>50</b>	<b>25</b>
<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Fee (\$)</b>
<b>6</b>	- 12 or HP = <b>0</b>	<b>0</b>	<b>0</b>	<b>200</b>	<b>100</b>	<b>180</b>

HP = highest number of independent claims paid for, if greater than 3

##### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
<b>-100 =</b>	<b>/ 50 =</b>	<b>(round up to a whole) number</b>	<b>x</b>	<b>=</b>

##### 4. OTHER FEE(S)

Non-English Specification,   **\$130** fee (no small entity discount)

Other: \_\_\_\_\_

#### SUBMITTED BY

Signature		Registration No. (Attorney/Agent) <b>45,124</b>	Telephone <b>(425) 707-9382</b>
Name (Print/Type)	<b>Steven J. Spellman</b>	Date	<b>1-28-2005</b>



2687  
JFW

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No: 10/090,999

Applicant: Anssi Toumas Aura

Filed: March 4, 2002

Title: Mobile Authentication System  
with Reduced Authentication Delay

Atty. Docket No.: 183173.01

Examiner: Doan, Phuoc Huu

TC/A.U.: 2687

Confirmation No: 6783

CERTIFICATE OF MAILING

UNDER 37 C.F.R. § 1.8(A)

I hereby certify that this document is being placed in the United States mail with first-class postage attached, addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on 01-28-2005 (date of deposit).

Rimma N. Oks  
Rimma N. Oks  
Rimma N. Oks

Name

Signature

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria VA 22313-1450

Amendment

Sir:

The following remarks are made in response to the Office Action dated December 12, 2004 ("Office Action"). These remarks are believed to address all issues raised in the Office Action.

**Amendments to the Claims** are reflected in the listing of claims beginning on page 2 of this amendment.

Remarks begin on page 27 of this amendment.